



Roitenberg Family Adult Day Center
Participant File

Admission Agreement

The Roitenberg Family Adult Day Center hereby enters into this agreement with:

_____ and/or _____
Adult Day Center Participant Responsible Party

ROITENBERG FAMILY ADULT DAY CENTER AGREES TO:

1. Furnish supervision, administration of medications, assistance with activities of daily living, supervision of personal hygiene, supervised recreational and social activities, a therapy monitored exercise program, and meals and snacks provided by nutrition services as appropriate to the length of time spent at the Adult Day Center (ADC) each day.
2. Obtain the services of a physician of the participant's choice whenever necessary, or to assist with finding the services of an alternate licensed physician if the one designated is not available.
3. Arrange for the transfer of the participant to the hospital, when ordered by the primary physician, and to notify the responsible party of said transfer.

ROITENBERG FAMILY ADULT DAY CENTER PARTICIPANT AND/OR RESPONSIBLE PARTY AGREES TO:

1. Pay the amount listed below for **each day** of service. Meals and snacks are included in this amount.
 Full Day \$64.00 Half Day \$38.00 Bathing (30 min.) Rate \$17.00
New rates as of June 1st 2010
2. Pay the additional amount listed below for transportation services.
 Peak Rate \$3.00 Off Peak Rate \$4.00
3. Provide clothing, undergarments, and continence products as needed or desired by the participant.
4. Provide spending money as needed or desired by the participant.
5. Provide medications prescribed by the participant's physician in a pharmacy labeled bottle.
6. Honor the smoke-free policy of the facility, provided in writing upon admission.

ROITENBERG FAMILY ADULT DAY CENTER PARTICIPANT AND/OR RESPONSIBLE PARTY AGREE THAT THE PROGRAM MAY:

1. Release information regarding the participant to the primary physician, county agencies, or other professional staff for professional use relating to quality care for the participant.
2. Allow the participant to leave the premises for outings and activities or treatment unless contraindicated by a physician's order or the request of a legally responsible party.

ROITENBERG FAMILY ADULT DAY CENTER HANDBOOK:

The ADC Handbook contains information about the program as mandated by the Minnesota Department of Human Services, as well as other helpful topics. Your signature on the Admission Agreement indicates that you have received this handbook, and that each section has been discussed with you.

FINANCIAL AGREEMENT:

1. The participant and responsible party agree to keep the account of the participant in good standing. Participants and the responsible party will be notified if a bill is in excess of 1 month past due, as this can be grounds to suspend participation in the ADC until such time as the account is made current.
2. The participant and responsible party authorize the ADC to contact emergency services as deemed necessary on behalf of the participant, and in doing so agree to pay for all expenses incurred on behalf of the participant in an emergency. The participant and/or responsible party agree to pay all hospital charges and other charges, separate from and in addition to, the daily charge of the ADC program.
3. Use of a physician, dental services, podiatry services, audiology services, the pharmacy, and any other similar parties will be billed to the participant and/or responsible party directly.
4. Service provided by the registered physical therapist, registered occupational therapist, and speech therapist are not included in the daily rate. Use of these services requires a physician's order, and will be billed to the participant and/or responsible party.
5. MEDICAL SUPPLIES FURNISHED BY THE PROGRAM AND NECESSARY TO A PARTICIPANT'S HEALTH THAT HAVE NOT BEEN PROVIDED BY THE PARTICIPANT AND/OR RESPONSIBLE PARTY WILL BE CHARGED TO THE PARTICIPANT. THIS INCLUDES, BUT IS NOT LIMITED TO, CONTINENCE PRODUCTS AND CLEAN CLOTHING THAT IS NOT RETURNED TO THE PROGRAM.

VULNERABLE ADULTS ACT, PARTICIPANT'S BILL OF RIGHTS, and ORIENTATION CHECKLIST:

It is the responsibility of the ADC staff to know and practice the laws regarding the Vulnerable Adults Act and the Participant Bill of Rights. It is mandated that adults with a mental or physical disability, or those who use institutional services, be protected from abuse or neglect and that participants and others responsible for their care be made aware of the reporting procedure. Your signature on this Admission Agreement indicates that you have completed the orientation checklist, received a copy of the Participant Bill of Rights and a summary of the Vulnerable Adults Act, and that each has been reviewed with you.

It is the policy of the Roitenberg Family ADC to complete a Vulnerable Adult Assessment as part of the admission process. This assessment is reviewed and updated quarterly. Your signature on this Admission Agreement indicates that this assessment has been reviewed with you, and that you are aware of this policy.

PARTICIPANT SELF-PRESERVATION STATUS:

Participants who are able to take appropriate action in an emergency situation are 'self preservers.' The following is used to determine this status:

- The participant is ambulatory or mobile.
- The participant is able to recognize danger, signals, or alarms requiring evacuation from the ADC program.
- The participant is able to complete the evacuation without requiring more than sporadic assistance from another person.
- The participant is able to select an alternative means of escape or take other appropriate action if the primary escape route is blocked.
- The participant is able to remain at a designated location outside of the facility until further instruction is given.

Based on the criteria given, is this participant a 'self preserver?' YES NO

Participant _____ Date _____

Responsible Party _____ Date _____

ADC Staff _____ Date _____